



# Restorative Practice and Patient Safety

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**Lesley Parkinson**



**“Relationships built through restorative practice are the oxygen people and communities need to survive and thrive...”**

**(Dr Jim Longo, Washington and Jefferson College)**

# Summary

This blog explores how far the nature of our relationships at work have an impact on patient safety.

Lesley Parkinson – the executive director of Restorative Thinking, a social enterprise working to introduce and embed restorative and relational practice in the NHS and across public sector organisations – explores how six restorative practice habits add value in multiple teams and scenarios.



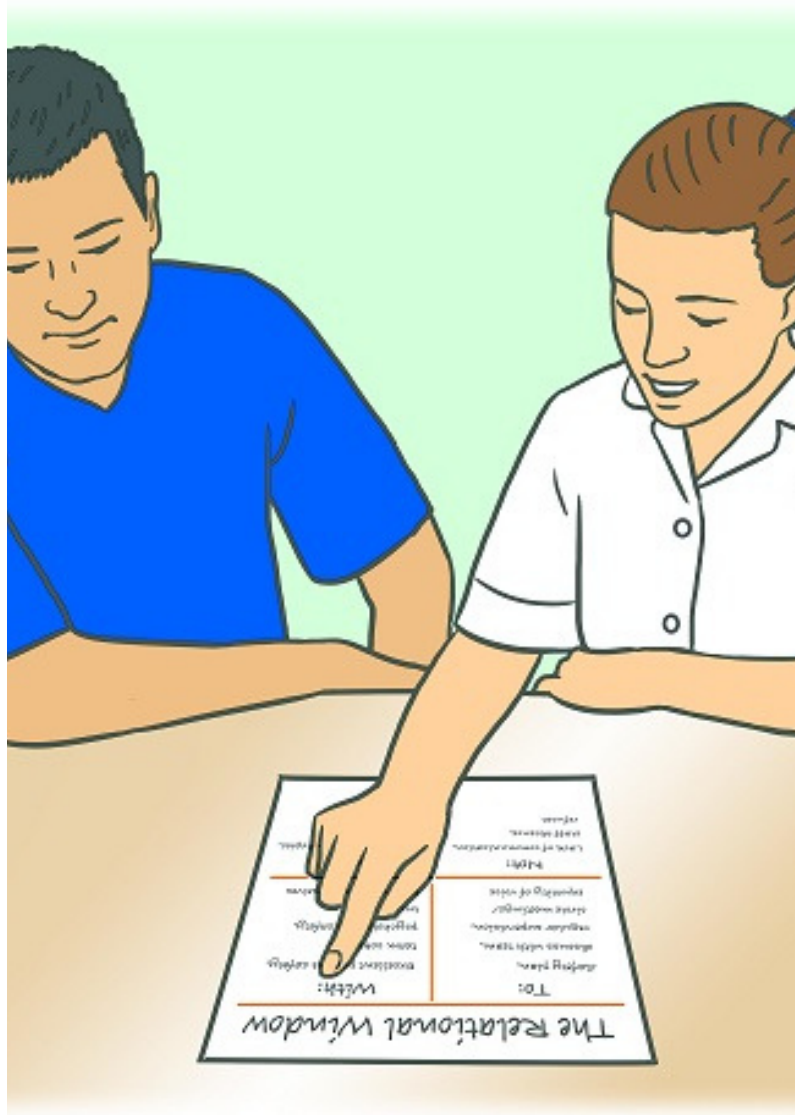
**Relationships  
at work have  
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# Content

Restorative practice is emerging in healthcare settings and systems as an effective means of changing and improving day-to-day communications (behaviour, language, conversations), easing some of the daily challenges we face and fostering more effective working relationships, potentially leading to improvements in patient care and patient safety.

(1)

I believe that restorative practice can generate a safer culture, particularly better psychological safety and, correspondingly, better patient safety.



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When we are in the habit of sharing our concerns, experiences and ideas every day, and when we all use the same language and models to frame difficult conversations, to hold ourselves and each other to account and to jointly problem-solve, then our conversations around patient care and patient safety are likely to be the best they can possibly be.





In my new book, 'Restorative Practice at Work', I identify six complementary habits which can help to change and improve everyday communications and conversations in healthcare settings. (2)

The habits are:

- (1) navigating the mountain
- (2) recognising needs
- (3) engaging brains and behaviours
- (4) remembering the relational window
- (5) running circle meetings
- (6) drawing on restorative enquiry

This involves:

- Deliberately inviting equality of voice in teams.
- Using models and processes to shape difficult conversations.
- Drawing on models and language that help us to recognise accountability and jointly resolve problems.
- Adopting a philosophy that builds stronger team cohesion.



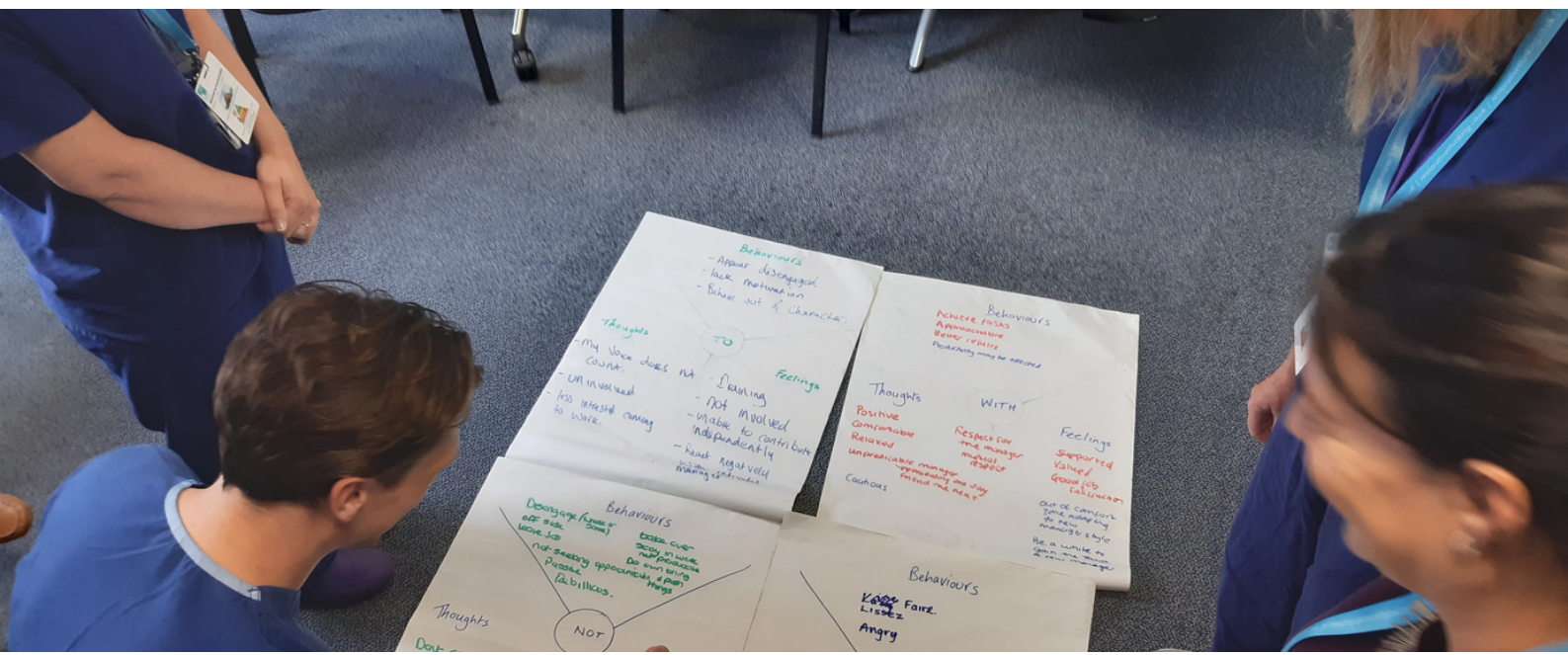
When embraced authentically within and between teams, restorative practice helps to define what we are doing to eliminate fear and blame and to generate a working environment where speaking up with ideas and concerns is the norm.

Along with my colleagues from Restorative Thinking, I have been working with clinical teams and the organisational development directorate at University Hospitals of Morecambe Bay NHS Foundation Trust since 2021.

Our work to foster restorative practice habits within and between teams is helping individuals and teams to better navigate their way through challenges together and to develop improved team communication and cohesion.

This programme is ongoing, and we hope to see improvements in staff retention, a reduction in sick leave and a positive impact on patient care and patient safety.

The extract from my book on the following page refers to some of the habits we have introduced, including examples of how they are being used to good effect within different clinical teams and scenarios.



## **Patient Safety**

*The NHS Patient Safety Strategy has identified that 'Conversations are important', (3) which leads me to ask: when and how does our team have these conversations, both formally and informally, on a daily basis (possibly multiple times) when we have a patient safety concern or notice an example of excellent practice?*



*There is a difference between a team that commits to conversations that promote patient safety and a team that adds the detail. For example:*

*Our team members agree that conversations are important as a key strategy for patient safety. This means:*

- 1. We will use a circle process (habit 5) to run staff meetings and handover meetings, inviting equality of voice through check-in and check-out whenever possible. The connections we build via circle meetings, and the habit of asking everyone to contribute, will feed into our informal conversations during our shift. We will share concerns and compliments, ask each other for advice or a second opinion, and call a brief 'huddle' to pool ideas when we think this will have a positive outcome for a patient.*
- 2. We agree that 'no question is a silly question' and invite each other to speak out whenever a team member feels uncertain or needs clarification.*
- 3. We regularly use the relational window (habit 4) as a problem-solving/planning tool in relation to patient safety, to help our thinking around the expectations we have of each other, and where and when we need support. We keep a set of A4 blank copies of the relational window in our office/cupboard.*
- 4. We draw on restorative enquiry (habit 6) in formal supervisions and informally when we think it is the right approach to help a colleague unpick something that didn't go to plan. This helps us to continually talk about, assess and reassess potential responses and actions concerning patient safety.*

*Restorative practice – how we engage relationally with each other every day – is a critical success factor for patient safety across all healthcare settings and systems.*

*(4)*



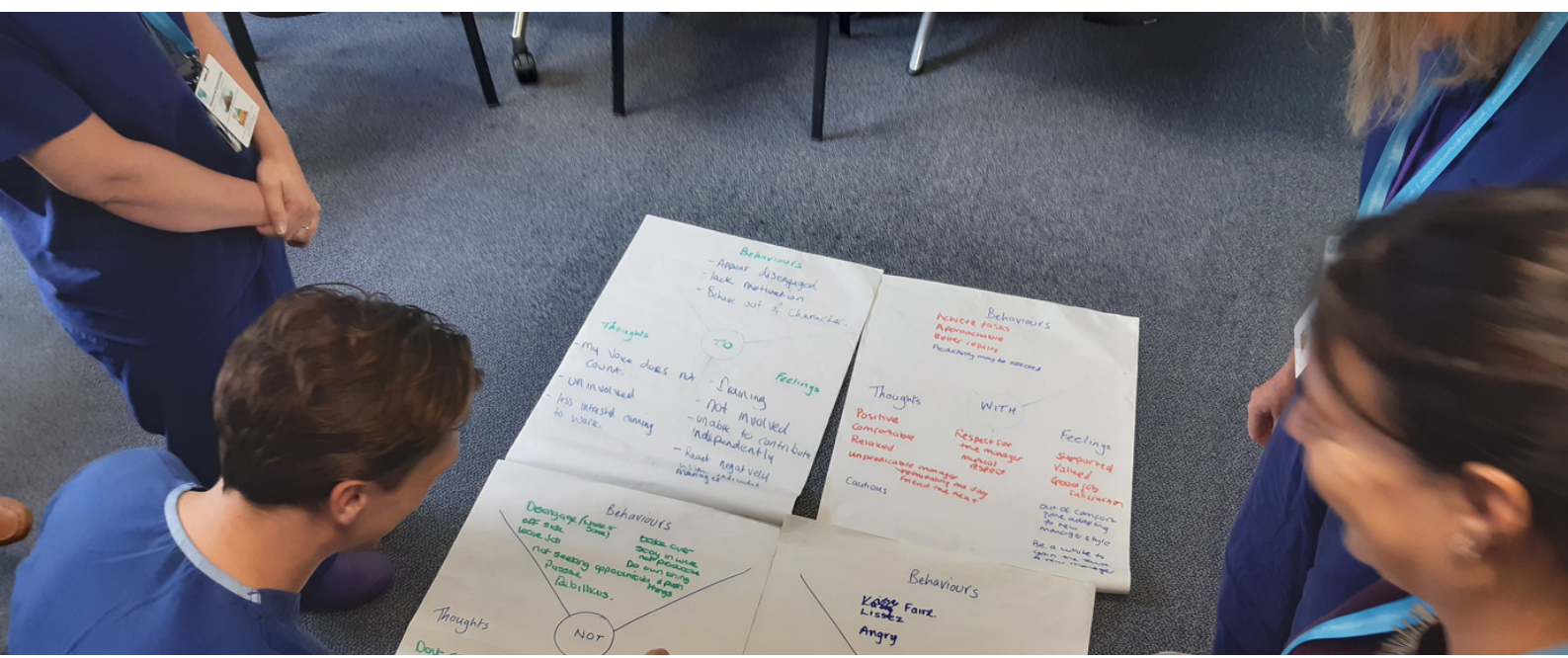
I explore all six habits in detail in the book, alongside the evidence base for restorative practice and insights into other restorative practice initiatives in healthcare settings in the UK and overseas.

I hope that individuals and teams will use it to build on what they already do well and, ideally, to help define how teams agree to work together to create the safest culture for patients, to enhance workplace mental health and wellbeing and to play a part in staff retention.

I am looking forward to hearing from readers to see how well these six habits make a difference to patient safety in your practice and within your team.

To order a copy of my book, please visit:

<https://www.crownhouse.co.uk/restorative-practice-at-work>





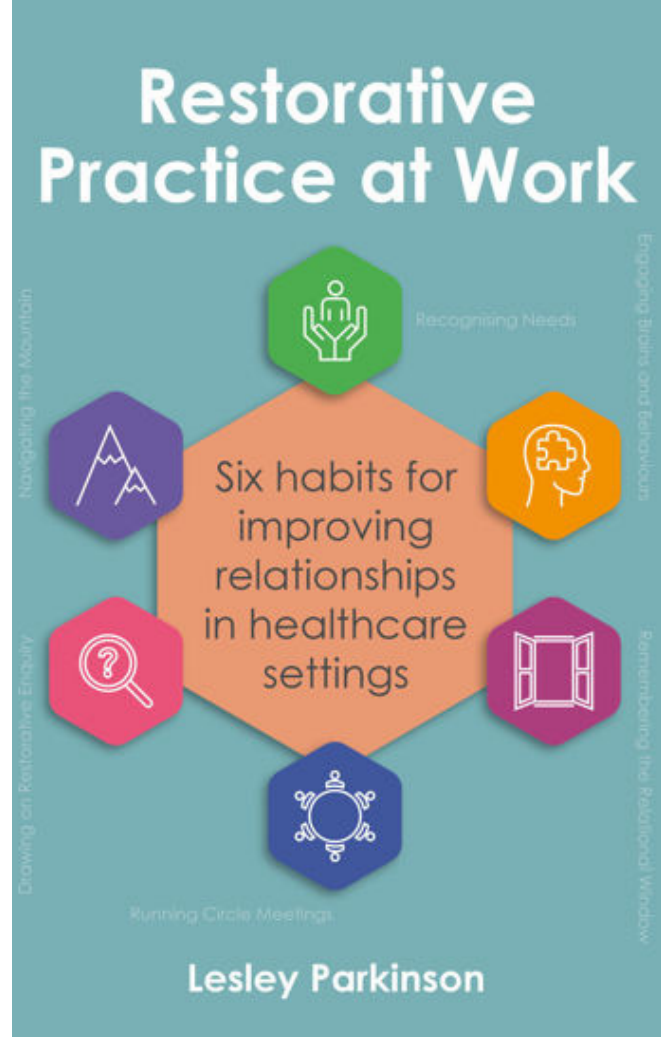
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## References:

1. A recent five-year evaluation project by Warwickshire Business School, involving five NHS trusts and the Virginia Mason Institute in the United States, set out to derive lessons about how to foster a culture of continuous improvement across the wider health and care system. One of the critical success factors for building a systematic approach to quality improvement is that 'Relationships aren't a priority, they're a prerequisite.' See Nicola Burgess, Six Key Lessons from the NHS and Virginia Mason Institute Partnership, Warwick Business School (16 October 2022). Available at: <https://www.wbs.ac.uk/news/six-key-lessons-from-the-nhs-and-the-virginia-mason-institute-partnership>.
2. See Lesley Parkinson, Restorative Practice at Work: Six Habits for Improving Relationships in Healthcare Settings (Carmarthen: Crown House Publishing, 2023).
3. NHS England and NHS Improvement, NHS Patient Safety Strategy: Safer Culture, Safer Systems, Safer Patients (July 2019), p. 43. Available at: <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy>.
4. Parkinson, Restorative Practice at Work, p.50.